

## PART B - FEE(S) TRANSMITTAL

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	7590 12/2					
Blakely Sokoloff Taylor & Zafman 7th Floor 12400 Whilshire Boulevard				I hereby certify that this Fee(s) Transmitsion I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
Los Angeles, CA 90025				Angela M. Quinn		(Depositor's name)
				4		(Signature)
			м	arch 21, 2008		(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR AT		ORNEY DOCKET NO	CONFIRMATION NO.
10/549,379 06/15/2006				6097P072	6065	
TITLE OF INVENTION: WIND FARM AND METHOD FOR OPERATING SAME						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/27/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
PONOMARENKO, NICHOLAS		2834	290-044000			
Change of correspondent CFR 1.363).	ce address or indication	of "Fee Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP			
Change of correspon Address form PTO/SB/1	dence address (or Cha 122) attached.	nge of Correspondence	or agents OR, alternativ	ely,		C & ZAFMAN LLP
☐ "Fec Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a cipstered atomey or agent) and the names of up to 2 registered patent atomeys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	e)		
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGN	(B) RESIDENCE: (CITY	IDENCE: (CITY and STATE OR COUNTRY)				
GENERAL ELEC	TRIC COMPANY		Schenectady, New York			
Please check the appropriate assignee category or categories (will not be printed on the patient): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
- A click is elic						
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□ a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).						
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Authorized Signature	/Michael J.	Mallie/		Date March 21	, 2008	
Typed or printed name				Registration No	36,591	
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